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Original Communications.

ENUCLEATION OF THE EYEBALL.

By HENRY W. WILLIAMS, A.M., M.D., Professor of Ophthalmology in Harvard University, President of the American Ophthalmological Society.

THE frequent and various circumstances in which removal of the eyeball becomes necessary as a measure of conservative surgery, and the importance of a prompt recognition of the conditions in which this operation should be performed, require to be again and again brought to the notice of the profession. Many sound eyes become affected and destroyed by sympathetic ophthalmia which would have continued healthy if the warnings exhibited in the other eye had been recognized in their grave import and seasonably acted on; and great suffering is needlessly endured in the vain hope of avoiding the sacrifice of a useless and disorganized eyeball which has already become unsightly, and could better be replaced by an artificial eye.

The following group of recent cases includes examples of a number of the conditions which may require the performance

of enucleation.

Case I.—Mr. —, set. 42, was seen at my office, Sept. 1st, 1871. Ten days be-fore, whilst striking hard blows in repair-ing a locomotive, his right eye was hit, but as he thought not penetrated, by a fragment of steel. Since then the eye has had paroxysms of severe pain. Its appearance was as follows:—the conjunctiva was much injected, the pupil sluggish, and the iris greatly congested. There was a small scar at the centre of the cornes, and traumatic opacity of the central portions of the crys-talline lens. Behind the upper part of the field of the pupil there was a cloudiness of the vitreous.

The existence of the recent corneal scar and the deeper seated opacities made it evident that a foreign body had penetrated the globe, and the condition of the iris and Vol. VIII.—No. 23

ciliary region, with the severe pain, rendered the occurrence of sympathetic inflammation in the other eye quite probable. Removal of the injured globe was therefore performed at once, notwithstanding that the patient, as usual in such cases, found it hard to believe that a foreign body was within the eye. On opening it, a triangular bit of steel, about two lines across, was found, surrounded by a quantity of lymph and pus, at the upper part of the eyeball, a little behind the iris.

In this case the processes for the expulsion of the steel were already commenced, but they would have required a long pe-riod, during which the patient would have been disabled from work as well as exposed

been disabled from work as well as exposed to constant danger of loss of his other eye.

Case II.———, Esq., was seen with his physician at his residence in the country, Sept. 1st, 1871. His left eye had been struck by a base-ball four years previously, and his near-sighted glasses being shattered the eye was cut at the lower part of the cornea, the wound extending through the sclera to beyond the ciliary region. I vis-ited him at that time, and found no evidence of the presence of any bit of glass within the globe. He promptly recovered, and continued to have a fair degree of sight in this eye, although the acuteness of vision was less than in the other.

But during the last four weeks the eye had again become troublesome, without evident cause, as is not unfrequently the case where a scar has formed in the ciliary region; he had dull pains in and around the eye, the circum-corneal region had be-come injected, and he had nearly lost his sight.

The ophthalmoscope showed no opacity of the crystalline, but so much cloudiness of the vitreous that the fundus of the eye could not be seen. The opposite eye was

free from morbid changes.

It was evident that no restoration of vision could be hoped for, and that the oc-currence of fresh morbid symptoms in an eye which had been so long quiet was omi-nous of danger to the other eye. Enuclea-WHOLE No. 2288

tion was therefore advised as the sole means of relieving pain, restoring the ability to use the other eye, and securing its absolute safety. To this the patient demurred, hop-ing that he might retain his eye for the sake of looks, and at my suggestion he was seen by Dr. Hay, who also insisted upon the im-portance of an immediate operation. After a delay of ten days, without amelioration of the symptoms, I removed the eye. Most of the vitreous was found in a peculiar flaky condition, as if infiltrated with products of inflammation, and the dense scar of the former wound was found to involve all those sensitive parts, in the ciliary circle and iris, of which the irritability appears to be so fruitful a source of corres

ponding disease in the opposite eye.

Case III.—Mr. A., set. 61, was seen at
my office, Sept. 13th, 1871. Two months
before, he had iritis, from which he recovered without damage to the eye. But another attack occurred, which he neglected. His pupil was now closed by a dense mass of lymph, and the iris was disorganized and crowded against the cornea. The eye was very sensitive to the touch, and had been and continued to be extremely painful.

Scarcely any perception of light.

The eye being worthless as regarded any hope of vision, and dangerously irritable, and disabling him from any work with its fellow eye, enucleation was done, and the patient returned home at once. The vitreous was disorganized and the iris and ciliary processes were embedded in a mass of

lymph.

Case IV .- Mr. G., aged 30, came to my office Sept. 15th. On the 23d of June, 1871, his left eye was hit by a 41 inch spike. From this time he had severe pains in the eye, and has therefore been unable to use the other, which, however, remains sound. The injured eye showed a large and prominent staphyloma, with a cicatrix extending across the ciliary region at its upper part to a large staphyloma of the sclerotica. The eye being sensitive, and subject to attacks of pain and injection, and being, moreover, inconvenient from its size, and unsightly, enucleation was performed. On section, the anterior parts of the globe were found to be wholly changed from their normal structure and relations, and consolidated together. The patient returned at once to New Hampshire, and afterwards wrote to announce to me that he was out in five days, quite relieved of all troublesome

Symptoms.

Case V.—Mr. B., et. 60, came to my office Oct. 7th, 1871. Three years previ-

ously his right eye became suddenly inflamed, and after some weeks' suffering was partially atrophied. It however gave him partially attorphed. It nowever gave him no serious annoyance until two days before I saw him, when, whilst walking, he felt an acute pain in the sightless globe, which was rapidly followed by great chemosis beneath the conjunctiva and codema of the lids.

As there was every indication of com-mencing suppurative inflammation of the eyeball, I removed it at once. The patient was immediately relieved of his inten fering, and was able to go out on the third day, although the swelling of the lids had only partially subsided.

The anterior half of the globe was filled with organized lymph, and the vitreous was replaced by a thin sanguinolent fluid. A wedge shaped piece of bone extended across the diameter of the eye, just poste-rior to the iris, and by its slight displacement had very probably given rise to the

sudden access of severe symptoms.

Case VI.—Mr. M., æt. 38, was seen at
City Hospital Oct. 9th, 1871. He lost his left eye sixteen years ago. Two years afterward, he began to have attacks of pain, generally slight, sometimes more or less severe. These continued until the 30th of August last, since when he had intense su-

pra-orbital and temporal pain.

Last March his sight began to grow dim after exposure to a snow storm, and when he came to the hospital, on the 15th of June, for examination of this eye, the optic nerve was found to be atrophied. There was not then, nor when seen on Oct. 9th, any appearance of sympathetic inflammation in the right eye, but the patient thought that this eye was somewhat painful when the severe symptoms began to be severe in the left eye in August.

The left eye was enucleated, and the patient at once relieved of his sufferings; but no improvement of vision occurred (nor was

any expected) in the right eye.

CASE VII .- Capt. --, æt. 56, came to consult me Oct. 9th, on account of obscurity of vision in his right eye. He was certain that his sight had been good at the end of August, for he used a spy-glass at that date, and saw distinctly; but a week later, on using the same glass, he found an appearance as if a part of the field were eclipsed. This he attributed to the glass having been tampered with, and thought no more of it until a few days afterward, when, on placing his hand in front of the left eye, he found that he saw only parts of objects with his right eye. No pain had been felt.

Examination of the visual field showed a considerable limitation, sight being lost for objects above a line nearly on a level with the horizontal diameter of his eye. The ophthalmoscope revealed a well-defined, rounded, pearly-colored tumor, having its origin at the lower and outer part of the choroid, a little posterior to the iris. This was complicated by separation of the retina to a limited extent, this membrane seeming to be pushed before the morbid growth.

There appeared to be little doubt that the tumor was a sarcomatous growth from the choroid; but the patient was advised to return home and to present himself again for examination at the end of two weeks. At this time, the visual field had become yet more limited, and the patient was disposed to close the affected eye, to avoid the confusion of vision arising from the imperfect image formed on the retina. Ophthalmic exploration showed an evident increase of the morbid growth, and a small hæmorrhagic spot was observed at its apex. The danger to be feared from the extension of the disease to contiguous parts if the tumor was allowed to remain, and the probably favorable prognosis in case it was removed, were explained to the patient, who consented to the sacrifice of his eye, and returned home immediately after the ope-

On section of the globe, the tumor was found to correspond precisely with the pre-vious diagnosis as regarded its origin from the choroid and its detachment of the retina. It was of the size of a large pea, and

composed of spindle-celled sarcoma.

Casz VIII.—Mr. S. was injured by a blast at the Hoosic Tunnel Oct. 13th, 1871. The cornea of his right eye was perforated and traumatic opacity of the lens brought on, probably by some fragment of powder or stone, and the left eye was quite disorgan-ized and swollen, with much chemosis and cedema of the lids when he came to the City Hospital on the 23d. The left eye was at once enucleated to relieve the intense pain, and to give more hope of restoration of the right eye. On opening the eyeball all its interior structure was found to be destroyed, the entire globe being filled with lymph and pus. Immediate relief ensued, and he went home a week after with favorable prospects as regarded some vision in the other eye after the lens shall have been

Case IX .- B., set. 6, was brought to my office from Nova Scotia Nov. 1st, 1871. In March last, he struck a hammer on an anvil, and his left eye at once became closed and 8th of Nov., the prominent symptoms were

his eyelids swollen. It was supposed that the rebounding hammer had struck the evebrow, and when, six weeks after, the eve could once more be opened and a scar was seen in the sclera just beyond the corneal margin, it was still thought that the hammer must have struck the eye. From this time the eye looked well until three weeks ago, and his parents observed no defect in vision. But at this date the eye began to

vision. But at this date the eye began to be injected, and the pupil was seen to be clouded. Several times since, the eye has been temporarily flushed.

I found the pupil contracted, and closed by a mass of lymph. The scar in the ciliary region showed a slight depression. There was scarcely any injection of the eye until during etherization, when, as is not unusual in similar cases, a marked vascularity be-came visible in the circum-corneal vessels. The right eye showed nothing abnormal on ophthalmoscopic inspection.

My opinion was that a bit of steel had flown from the edge of the hammer and en-tered the eye, and immediate enucleation was advised. This was reluctantly consented to, as the father of the boy had never had a suspicion that anything had penetrated the eye.

On section of the globe, the vitreous was found to be fluid, and the iris lined with organized lymph. A bit of steel, three lines in length, was extending from within the cicatrix of the sclera to the inner surface of the iris.

ON THE UTILITY OF CALOMEL IN INFAN-TILE INTESTINAL AFFECTIONS.

By E. P. HURD, M.D., Newburyport.

I BELIEVE that in the present state of infantile therapeutics, we cannot profitably dispense with calomel in the treatment of the astro-intestinal complaints of childhood. gastro-intestinal compounds
Much as we may deprecate the indiscriminate use of mercurials, and much as we may theoretically condemn their exhibition altogether, cases will continually occur in which we shall find ourselves compelled to resort to some preparation of the greatly abused hydrargyrum.

The following cases, selected from many

similar ones in my portfolio, will illustrate

what I have said:—

CASE I.—Mary G., set. 2 years, had been suffering for a fortnight from an affection of the stomach and bowels, aggravated by teething, as she was cutting two of her molar teeth. When I first saw her, on the

obstinate and uncontrollable vomiting, with constipation, great restlessness and prostration. Bowels had been confined for several days; abdomen swollen and hard; no particular head symptoms; tongue moist, with cream-colored fur; much thirst, but drinks were instantly rejected; frequent retching, even when food and drink were withheld. Occasional febrile attacks, followed by profuse sweats.

Here, said I, is a case where I used to give calomel, but this child shall get none

of it

I tried a dozen things. The simple herb teas, mint and anise, with magnesia; ene-mata to promote a soluble state of the bowels. It was of no avail; the herb teas "did not stay down a minute," to quote the words of the mother; the injections "came back." Bicarb. soda was tried, with bismuth, and this failing, minute doses of opium ground with bismuth and white sugar. I waited a few hours and returned. powders had all been vomited as soon as taken. I took a hint from a favorite eclectic journal, and prescribed ipecac, one-tenth of a drop of the fluid extract to be taken every two hours, alternately with one-fourth of a drop of the tincture of veratrum viride. Again I was foiled. I increased the quantity of ipecac to half a drop, then a drop of Tilden's Extract, but to no effect. Then I administered podophyllin, one-twelfth of a grain, rubbed up with sugar of milk. This surely must relieve, I thought. Four powders were given, at intervals of two hours, not one of which was retained. The child was taking milk and lime-water for nourishment, but little of which, however, remained on the stomach. The case was becoming desperate, and bid fair to pass into the hands of another physician.

"There is one thing," I said, "which, antiquated as it is, and though it is passing out of fashion, does not generally so completely fail me. Now for the submuriate."

I prescribed as follows:-

R. Hydrarg. chlorid. mitis, gr. x.; Magnesiæ ustæ, g. xx. M. Ft. chartæ No. x. S. One powder every

two hours.

I ordered the milk and lime-water, of which she had been taking a tablespoonful every hour, to be omitted, and corn coffee to be substituted, to be given ad libitum, as the child was not disposed to drink much. A tansy bag, which had been dipped in warm vinegar and over the surface of which a little mustard had been sprinkled, was

applied over the stomach. The swollen gums were freely lanced.

The next morning I was delighted to find my little patient better. The powders had all been given, and not one had been rejected; there had, in fact, been no vomiting during the night. The child had slept more than half the time. Much corn coffee had been taken. There had been several dark, fatid, bilious discharges. I need not dwell further on this case. Suffice it that there was rapid improvement from this date.

Query.—Had the submuriate anything to do with this favorable result? Whence came the immediate gastric sedation? What agent caused those copious biliary discharges, as we are told by Dr. Bennet and others that calomel has no action on the

liver?

Undoubtedly the free lancing of the child's gums contributed to a sanative result. Possibly, too, the corn coffee proved to be a kind of food better fitted to the stomach. The tansy bag (suggested by an officious ancient dame) may have helped a little. I shall, nevertheless, always think that the calomel deserved the most credit for the cure.

Case II. is so much like the first that I shall allude to it very briefly. Here was a case of genuine cholera infantum, with vomiting and purging, and prostration, which was apparently relieved by sixth-of-a-grain doses of calomel rubbed up with prepared chalk, when a dozen other things had been tried to no purpose. The amendment was post hoc, and I argued, whether rightly or wrongly, that it was propter hoc.

I do not mean to say that in these cases no other medicine would have done as well as calomel. I simply mean that my judgment failed to indicate the remedy that could work so satisfactorily. One of my confrères tells me that he has had excellent success in similar cases with small doses of podophyllin and sugar. He finds ipecac, too, almost a specific in these attacks of uncontrollable vomiting. Another finds small doses of nux vomica, alternated with aconite, to work like a charm. To me the best gastric sedative which we yet possess is calomel.

EXTIRPATION OF THE KIDNEY.—Prof. Simon, of Prussia, has recently extirpated the left kidney entire. The patient was a female. This is said to be the third operation of the kind that Prof. Simon has performed successfully.

Reports of Medical Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. REPORTED BY J. H. M'COLLOM, M.D., BOSTON.

THE Society met Oct. 28th, Dr. G. H. Lyman, the President, in the chair.

Dr. R. H. Fitz exhibited a specimen of intestinal ulceration from a patient who died with chronic inflammation of the lungs. The ulcers were found in the sigmoid flex-ure, the transverse colon, and also near the ileo-cæcal valve. The process of ulcera-tion had invaded the mucous coat of the intestine, leaving the muscular coat, which formed the bed of the ulcers. In some instances shreds of the mucous membrane remained, forming bridges across the ulcers. There appeared to have been some inflammation of the vermiform process, which presented two circumscribed dilatations. one near the extremity and the other near the centre; the mucous membrane between these being healthy. When these dilata-tions were laid open, there was a discharge of a yellow, puriform fluid.

These ulcerations were decided to be scrofulous from the fact that the small intestine was in a healthy condition, and also that, although there was a deposit resembling tubercle in some of the ulcers, it was found in the walls instead of in the bed of the ulcers. There was nothing in the clinical history of the patient to call attention to the intestinal disease.

Dr. B. J. Jeffries read a paper on Graefe's peripheric linear operation for cataract. [See this JOURNAL, vol. viii. p. 287.]
Dr. John Homans related the following

A female, 22 years of age, had had for two years an enlargement of the abdomen, which had increased very rapidly since July. Three pear-shaped tumors could be felt, on examination of the abdomen, which presented the wrinkled appearance that is seen after pregnancy. On making an examination per vaginam, it was found to be impossible to reach the os uteri on account of the pressure of these tumors. was very obscure fluctuation when the finger was passed into the rectum. The nee-dle of the pneumatic aspirator was passed through the walls of the rectum into the most dependent of the tumors, causing the discharge of about fifty ounces of a brown fluid, in which, on examination with the microscope, was found a great number of small pellucid bodies. The power of suc-

tion of the aspirator was so great that, after the removal of the liquid, a considerable quantity of a semi-solid substance was drawn through the tube. After the operation, it was found that the os could be reached, and a sound was passed into the uterus, which was found to be in a normal condition. The patient experienced no ill effects from the operation.

Dr. Cheever stated that he had perforated the knee-joint with this instrument during acute inflammation. The wound healed

without any bad symptoms.

Dr. Hazelton reported a case of poisoning by strychnine taken with suicidal intent. The characteristic symptoms appeared ten minutes after the ingestion of about two scruples of the poison. The patient was placed under the influence of chloroform, and with some difficulty the stomach tube was introduced and the stomach thoroughly washed out. Two hours after taking the poison, the chance of recovery seemed good, but at the expiration of this time a severe convulsion came on, in which the patient died.

Dr. Minot remarked that it was unusual for a person to live so long after taking so large a dose of the drug. In several instances, death had been almost instantaneous where a much smaller dose had been

taken.

Dr. Brooks related two cases of cancer. one of the face, and one of the uterus, in which cundurango had been used, but with-

out any benefit.

Dr. Abbot called the attention of the Society to a case of opium poisoning from a teaspoonful of syrup of poppies administered by the advice of an apothecary to an infant fourteen days old. The child was in a comatose state for six hours, but finally

recovered.

Dr. Cheever exhibited an oxalate of lime calculus, which he had removed from the bladder of a man 60 years of age. The patient had complained of symptoms of stone in the bladder for some time, but latterly these symptoms had become much more acute, causing great pain and obliging him to remain in the kneeling posture most of the time. Complete relief followed the In reply to a question, Dr. operation. Cheever stated that one reason why the cutting operation was preferred to the crushing, was the fact that in the cutting operation all source of irritation was removed.

Dr. Minot remarked that the late Dr. Warren preferred lithotrity, and that he

was very successful.

Dr. Johnson called attention to the low

rate of mortality in lithotomy in those countries where the operation is performed with-

out any knowledge of anatomy.

Dr. Cheever related the case of a girl who commenced to menstruate at 8 years

Dr. F. H. Brown presented specimens of divided medicines prepared by a druggist in Cincinnati. The drug is incorporated with gelatin, which is then divided into squares and spread in thin sheets to dry. square is supposed to represent a definite portion of the drug used.

The Society adjourned.

LYNN MEDICAL SOCIETY. J. O. WEBSTER, M.D., SECRETARY.

SEPT. 6th .- Functional Paralysis .- Dr. Pinkham reported a case of functional paralysis of left 7th nerve. A young woman, still nursing a child 15 months old, anæmic and with leucorrhea, on awaking one morning found that she was unable to close the left eye, laughed on one side, &c. Diagnosticated the paralysis as functional, her general condition being sufficient to acweaned; prescribed a ferruginous tonic and cessation from hard labor. The direction in regard to weaning not being complied with, there was no improvement for a week; the eye became inflamed, and there was pain in the side of face. Then improvement commenced and proceeded pari passu with the gain in her general health, and

there was perfect recovery.

Use of Chloral.—Dr. Nye reported that he had used this drug in a number of cases of delirium of typhoid fever, in doses of ten to twenty grains, and found it pleasanter and more efficient than opium.

Vaccination .- Dr. Cahill reported that he vaccinated a number of children with a crust obtained from Boston, and found what he called a characteristic scab a week later. Two of these children have since had unmodified smallpox and one of them has died.

Dr. Newhall said he saw these two cases, and had no doubt their vaccination was spurious. You cannot tell whether vaccination is good or not unless you see the vesicle, the scab is worthless to judge from. He had often seen a sore, with swollen glands in the axilla, in twelve hours from a re-vaccination, followed by a scab in three days, but that is not vaccinia. He believed thoroughly that true vaccination furnishes

sons, for life; that in a minority the protection is impaired by time, but never in less than seven years, and that these may then have varioloid, but never variola. These views were not derived from theorizing, but from long and careful experience and observation, here and abroad. Dr. N. also reported the case of a child whom he vaccinated. Its father was at the fourth day of smallpox eruption, and the child had been with him, in a small room, day and night, from the beginning of premonitory symptoms. The child escaped the disease.

Dr. Webster reported the case of a child that he vaccinated on the first day of the mother's eruption of unmodified smallpox, the two having been together in a small room from the first and remaining together throughout. The child escaped.

Dr. Pinkham said that he vaccinated a number who had been exposed to the disease during its prevalence here last year. All escaped who had seven days of the period of incubation yet remaining at time of

vaccination.

Ocr. 4th.—Inhalation of Steam.—Dr. Newhall reported the following case as il-ustrating the serious nature of the injury caused by inhaling even a small quantity of steam, and the hopelessness of cases of rail-road accident in which large amounts are inhaled. The case was that of a child 3 or 4 years old, who ran up to a teakettle spout and drew in the steam with its mouth, taking not more than two inspirations; nevertheless it died in consequence in less than twenty-four hours.

Erysipelas from Vaccination .- Dr. Newhall reported that he vaccinated some children, about a month ago, with a crust kept since last May. All took well and ran a good course. Three children, vaccinated with lymph from one of these cases, had erysipelas all over, while several others, vaccinated with the same lymph, showed

no trouble.

Dr. Nye thought the trouble, in all such cases, is in the system of the child.

Dr. Breed suggested two possible sources of erysipelas from vaccination; one that some effete animal matter might be accidentally mixed with the lymph; the other that in some constitutions the slightest scratch is sufficient to give rise to an attack

of erysipelas.

Opium Poisoning .- Dr. Newhall reported the case. A young child, of 2 years, this morning, drank part of a bottle of cough mixture, containing one-eighth of a grain of morphine in one drachm. Saw the patient absolute protection, to the majority of per- an hour later, when she was fully narcotized, so fully that an emetic would not act. Treatment was strong coffee freely, and keeping awake for seven hours, when sleep

was allowed. Recovered.

Dr. Breed spoke of the use of belladonna in opium poisoning. Had seen four cases in which it was used, of which three recovered. He considered its beneficial effect unquestionable in all the cases. In the fatal case, seven or eight ounces of laudanum having been taken, life was preserved for thirteen hours, when the patient succumbed, perhaps partly in consequence of the se-verity of the means that had been used in

keeping him awake.

Nov. 1st .- Case of Injury .- Dr. Galloupe presented a patient, a boy who was carried around a shaft on August 16th ult., breaking both bones of forearm and tearing across all the extensor and a part of the flexor tendons, but leaving the bloodvessels uninjured. About two inches of ulna necrosed and were removed, together with the periosteum, notwithstanding which the bone has been reproduced. The periosteum was torn from a portion of radius, but it granulated over, and the wound is now healed with a comparatively small scar. Dressed Splints were removed with carbolic oil. yesterday. There is considerable rotatory motion and ability to move fingers, the prospect being that the use of hand will be finally recovered. Elbow-joint intact.

Two Fatal Cases of Cerebral Affection, with Autopsies.—Dr. Pinkham reported the

I.-Was called Oct. 21st to see Mr. C., who was said to have been knocked down and injured. Found him groaning, tremu-lous, and complaining of pain in head and neck; pulse 120, weak and faltering; tongue brown and dry in the centre. He was removed to the almshouse, where he was seen again in a few hours. At that time the pupils were contracted, and he complained of vertigo on raising his head, and pain in back of neck on motion. Said he had eaten nothing for some time and had taken some opium the day before. Ordered nourishment and moderate stimulation; cooling applications to head and bromide potass. On the 22d, he seemed much better; pulse nearly natural in frequency, but still weak; pupils less contracted; tongue moist and of better color; headache less severe; but on the 23d, all the symptoms were worse, and be had strabismus and double vision; appetite good. On the 24th, he was again more comfortable, head less hot, but vision as before; pulse 60. On the 25th, pulse more rapid, tense and full—

pulse of inflammation-pain rather worse, but tongue clean, and appetite good. I saw nothing in his condition to indicate the ap-

proach of death.

He remained the same until 5.30, P.M., when, while sitting in a chair, he made an exclamation of distress, and was assisted to bed, where he said he felt comfortable. Soon afterwards his breathing was noticed to be stertorous and he could not be aroused. He died in about half an hour.

Autopsy, Oct. 26th, at 2.45, P.M., Drs. Breed and Webster assisting. Rigor mor-tis and hypostatic congestion marked. No ecchymoses of scalp. Scalp, diploë and dura mater were abnormally congested over vertex and the sinuses engorged. Dura mater and falx adherent by recent plastic lymph on both sides of vertex. Whole pia mater congested. Large clot at base brain, under pia mater, covering cerebellum and medulla, filling fissures between lobes of cerebrum, extending down spinal cord three inches and into fourth ventricle. That portion between crura cerebri, pressing on optic tracts, seemed to be several days old. The lateral ventricles contained bloody serum. Brain substance healthy. Other organs normal, with the exception of slightly diseased kidneys.

II .- Mr. M., æt. 38, merchant. History of constipation and neuralgic pains in head for several years; syphilis eight years ago; probably addicted to excessive venery. Two years ago had some kind of a "fit," and was difficult to manage when recovering. Twenty months ago he was struck on the head by a falling box, by which he was stunned, and was ill a few days. I have treated him at times during the past year for abdominal neuralgia and constipation. Always seemed to me excitable. No history of hereditary insanity, but mother is said to be "nervous." His family recall some peculiarities of manner for some months. Of late, extravagant in managing his business, and inclined to excessive lo-

quacity when selling goods.
On Sept. 16th last, I was called in haste; found him lying in a semi-stupor, face rolled to the right, pulse full, strong and 100.

Attack had come on when returning from the water-closet. He responded to questions by an inarticulate, grunting sound. Rallying in the course of that day and the next, his pulse became slow, even, 52.

Pupils were for the most part natural, and conjunctive not injected.

His mental faculties did not return, and, becoming unmanageable, he was removed to the Asylum at Somerville on the 21st, five days after the attack. He remained there until Oct. 25th, and improved so much that his friends then took him home, against the advice of the Superintendent and myself. On that night he retired early and soon

dropped asleep.

Between 11 and 12 o'clock, his wife was awakened by his drawing up his legs and breathing heavily. I saw him soon after. He was then having rapid general clonic spasms, epileptiform, but very short, which soon ceased. Were reported to have been at first longer and more violent. His head was strongly rolled to the right, face livid, eyes rolled upward and to the right, conjunctivæ intensely congested, iris insensible to light; right pupil more contracted than left; nails purple; breathing irregular, noisy, rapid; pulse 132, variable, full and tense; head hot; whole surface warm; perspiration abundant. After the spasms ceased the whole body remained motion-less, except the eyelids, which kept up a constant winking, or trembling, as is frequently seen in epilepsy. No frothing at mouth. No recurrence of spasms. Sinapisms, applied to feet, inside of thighs and back of neck, made no impression.

At my request, Dr. Breed was summoned, and we decided on bloodletting. Six leeches were applied to the left temple, and, these not giving relief, a vein was opened and about ten ounces of very black blood drawn. An enema of ol. tiglii and ol. ricini, molasses and water, was also given. Cold to the head. No change, except that the color of the face gradually improved.

At 11, A.M., next day, 26th, I again opened the vein, and took about the same amount of blood as before. Sinapisms and cold to head continued. As he could now swallow, bromide potass. was ordered,

31 grs. every half hour.

3, P.M.—Moves arms and legs; color much better; pulse 108; eyes more natural; makes grimaces with face; moves head but slightly, keeping it still to the right; micturition continues. Responded once to a question. Urine drawn, clear.

27th.—Early in morning seemed improved. 11. A.M .- Pulse 120; breathes a little roughly; eyeballs bathed in thick muco-pus, axes straight; mouth open; face darker

and head hotter.

3, P.M.-Pulse 140, faltering; breathing rough and irregular; some dilitation of pupils; iris mostly insensible to light. Bromide reduced in quantity. Iodide potass., five grs., every three hours. Beef-tea.

From this time his condition fluctuated,

ing ceased for the last few days; he was restless, and seemed conscious of certain wants. For two days, at the last, he kept up a constant opening and shutting of his mouth, with protrusion and withdrawing of the tongue. Countenance vacant, but at rare intervals showing a gleam of intelligence. On the 30th, he was rolling his head uneasily on the pillow, exactly like a sick child. He passed gently away about midnight of the 30th.

Autopsy, Oct. 31st, 3.30, P.M. Present, besides myself, Drs. Stilling of McLean Asylum, Breed and Webster.

Body well nourished; hypostatic congestion slight; rigor mortis moderate.

Dura mater morbidly adherent to frontal bone. Sinuses nearly empty of blood, but sup. long. and lateral were occupied by decolorized thrombus, which extended into veins. The largest of the inferior cerebral veins, on right side, was completely plugged. There were patches of recent lymph on falx, and on surface a little posterior to vertex, particularly on right side. Large amount of arachnoid fluid; arachnoid cloudy and thickened on top of head. Pacchionian bodies numerous. Intense congestion of pia mater over whole surface of brain, most marked in sulci of right hemisphere, and especially under site of lymph. Brain substance abnormally soft over top, particularly on right side.

Other viscera normal.

Dr. Perley spoke of aged persons sliding very gradually into a condition resembling apoplexy. He could recall two such cases.

Dr. Galloupe had seen several such. Has one now under his care, an old man, who is very sleepy, and it is becoming more and more difficult to arouse him. Soon it will be impossible, and he will die.

Dr. Breed mentioned a precisely similar

Dr. Galloupe reported that a case he had reported last year, of paralysis of all the voluntary muscles below the head, was gradually recovering, and the man was now walking about the streets. The paralysis came on gradually during an attack of rheumatism. He was failing until passive motion was begun, by having him walked about between two men, each limb being lifted and carried forward alternately, when he began to improve, and has continued to do so ever since. Now nearly well.

Amputation in Crushed Wounds .- Dr. Galloupe reported a case, as illustrating the peculiarities of crushed wounds. A man had a car-wheel run over his hand, cutting but on the whole he failed gradually. Wink- off the fingers, but breaking only one metacarpal bone. In anticipation of 'sloughing, he amputated an inch and a half above wrist, leaving very long flaps. Sloughing did occur, and the flaps were left just right.

cur, and the flaps were left just right.

Conservative Surgery.—Dr. Newhall reported a case of a boy's foot crushed by a car-wheel, which did not pass over it, but slid it along on the track. He could pass his finger over and under the metatarsal bones, two of which were broken; the great toe was crushed, foot cold. He advised against amputation, in opposition to several physicians and one eminent surgeon of Essex County, and employed water dressing with chlor. soda. Metatarsal bone of great toe came out and integuments sloughed extensively, yet the result was a useful foot.

extensively, yet the result was a useful foot.
Dr. Breed expressed the opinion that
more lives are lost than limbs saved by
conservative surgery in such cases.

Dr. Galloupe reported the case of a man whose thigh was run over by horse-cars, and crushed. He was sent to hospital, where the limb was not amputated, and he soon died. Dr. G. thought that there would have been a fair chance with amputation, and that it should have been done, since death was certain without it.

Dr. Newhall reported case of a man who, probably intoxicated, fell on the track and the car-whieels passed over his hand. He amputated at the wrist, and the wound healed by first intention.

Poisoning by rhus toxicodendron, vel venenata.—Dr. Webster reported a case of poisoning by poison sumach. Saw the young man the day after exposure. His face was so swollen that he could see with neither eye, and there was some eruption on the arms and scrotum. Ordered lotion of ferri sulph. 3ss. to 0j., applied on one layer of cotton cloth. In two or three hours he could open one eye, and the next morning was very much improved. Recovered rapidly.

Dr. Breed spoke of the use of sulph. ferri in erysipelas, 3i. to 3vi., applied in the same way. It relieves itching, redness and

swelling very rapidly.

Seton Treatment of Serous Tumors.—Dr.
Galloupe reported that he had operated by
seton, recently, on about a dozen of these
cases, including five or six of hydrocele,
several of weeping sinew, one hydrocele of
neck, all successfully and with little trouble.

Hybrate of Chloral.—Good chloral hydrate should contain 82 per cent. of chloroform. Strychnia is the best antidote.—Australian Medical Gazette.

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Medical and Surgical Journal.

BOSTON: THURSDAY, DECEMBER 7, 1871.

TREATMENT OF COLLECTIONS IN SEROUS SACS BY INJECTIONS OF ALCOHOL.

WE take from the Société de Chirurgie portions of a discussion which took place in that body on the 4th of October on the treatment of serous accumulations. Monod presented a communication on the use of injections of alcohol, either pure or mixed with an equal amount of water. He first makes a puncture into the tumor and draws off about a teaspoonful of the fluid; he then injects the alcohol: this operation is repeated once or more if necessary, at variable intervals. M. Monod has, by this method, successfully treated a serous cyst of the neck resembling goitre, and three cases of hydrocele. He calls attention to the novelty of this method of treating cysts of the neck, and to the fortunate results of this practice in the cure of hydrocele. In these three cases, the injection of this small quantity of alcohol caused the absorption of the serous collection and the complete cure without exciting marked inflammation of the tunica vaginalis, and without obliging the patient to remain in bed, as is generally the case in the mode of treatment of hydrocele commonly followed at this day. The method of M. Monod presents, therefore, great advantages, if the good results which he has obtained are substantiated by other surgeons. M. Monod also suggests the possibility of applying this method of treatment to hydrarthrosis, ovarian cysts, spina bifida, hydrocephalus, and in general to all kinds of serous collections. The alcoholic injections recommend themselves to favor by their simplicity and their harmless-

M. Alphonse Guerin stated that M. Dupièrres, many years ago, insisted on the treatment of hydrocele by injections of alcohol. This surgeon injected a dessert-spoonful of alcohol into the tunica vaginalis and obtained absorption of the serous collection. M. Adolphe Richard had in like manner employed with success this mode of treatment of hydrocele. The suggestion

of M. Monod could not, therefore, be considered a new one.

M. Dolbeau remarked that an essential difference existed between the method proposed by M. Monod and that employed by the surgeons of whom M. Guerin had spoken. In fact, M. Monod commenced by withdrawing from the hydrocele a small quantity of the fluid which he had replaced by a small quantity of alcohol; in other words, M. Monod did not empty the sac before making the injection. M. Richard, on the contrary, commenced by entirely evacuating the sac and then injected the alcohol.

M. Léon Labbé said that there was, in the therapeutical question suggested by the communication of M. Monod, a solution of a physiological fact of considerable interest, viz., the absorption of an abnormal secretion, the composition of which has simply been modified by the addition of a small amount of alcohol; it suggested to his mind, in fact, a point of departure for a

new method in therapeutics.

M. Despres stated that the method of M. Monod was not by any means a new one; for seventy-five years ago alcohol injections had been employed for the cure of hydrocele. The results after incomplete evacuation of the fluid did not differ from those which were seen when, after having completely emptied the sac, tincture of iodine was injected. The fluid is again secreted, but is so changed in character as to be easily reäbsorbed.

M. Verneuil thought that the method suggested by M. Monod was indeed a new one and worthy of study. For his part, he should employ the method in his practice, but believed that it was not wise to employ it in cases of serous collection other than hydrocele; he considered that serious inconvenience would arise from its employment in hydrarthrosis, on account of the grave accidents which follow the insertion of instruments into the articular cavities, especially the knee-joint.* He also rejected the injection of alcohol into ovarian cysts. In hydrocele he thought the question should be asked what part in the cure properly be-

M. Léon Labbé said that an important point in the method proposed by M. Monod was that it allowed the patients to continue their regular course of life, in place of obliging them to keep the bed during the treatment by the usual methods. This certainly recommended this method to the attention of practitioners.

M. Larrey had seen a case of spentaneous disappearance in an old hydrocele in the service of Velpeau. He had also seen a similar case in his own practice. He asked if, in cases of recent and small hydroceles, especially in young subjects, it were not advisable to abstain from all injections after the puncture and the evacuation of the serous fluid.

M. Monod stated that his object in presenting the communication to the Society was to call the attention of his colleagues to a new method of treating serous sacs. He was surprised that none of the members had referred, in the discussion, to his observation relative to the cure of a cervical cyst by one puncture and the injection of a gramme of alcohol. He believed the case unique in science. He thought this the foreshadowing of a therapeutical method capable of being employed in all serous collections. As for the fact mentioned by M. Trélat of the disappearance of a double hydrocele by the injection of the sac of one side, M. Monod stated that he had met a case of hydrarthrosis of both knees, which had been cured by the injection of iodine into but one synovial sac.

THE INFLUENCE OF SEWING MACHINES ON THE HEALTH OF FEMALE OPERATIVES.

At the monthly meeting of the Suffolk District Medical Society, November 25th, the attention of members was called to the injurious effect of sewing machines on the health of females operating them, and the means to be adopted to avoid it. The subject was illustrated by two machines of the same manufacture, but having different treadles to supply their motive power. A

longed to the injection of alcohol, and what to the puncture. Observation shows that acupuncture and electro-puncture, applied to hydrocele, both cause absorption of the fluid.

See case mentioned by Dr. Cheever at the meeting of the Suffolk District Medical Society, on page 365 of this number.

discussion ensued, and the experience and views of several gentlemen were freely expressed. The subject of sewing machines, pathologically considered, has for some time interested the profession, and will, without doubt, call out an interesting report from the State Board of Health, in answer to the circular noticed by us in this JOURNAL for June 1st, 1871. All investigations thus far made show that the injurious effect of machines is largely due to the constant recurrence of movements of the abdominal, pelvic and femoral muscles, and the object of all motors, having for their end the good of the operator, must reduce such movements to a minimum, both in degree and frequency.

Our own examination of the subject of treadles for sewing machines, suggests two marked defects in most of those now in the market. First, that the arrangement of the foot-piece is such as to necessitate too great movement of the entire lower limb and of the pelvis. In most treadles the point of oscillation of the foot-piece is practically situated at least an inch and a half below the tarso-metatarsal articulation, and, of course, anterior to the ankle-joint. In depressing the toe to make the movement of the treadle, that portion of the foot lying behind this point necessarily rises over the fulcrum, or moves on it as a pivot. This obliges the constant elevation and depression of the whole lower limb, and, with it, of a not inconsiderable movement of the pelvis. It is a natural movement to raise the heel in walking, but only when the leg is extended; when the femur and tibia are both flexed, the movement can only be accomplished by raising the entire limb.

Secondly, most sewing machines are worked by the crank movement, and therefore the movements of the needle are in a fixed proportion to those of the foot. In many of the machines now used, in order to attain a rapidity of 600 stitches a minute, it becomes necessary to make 150 movements of the feet; when continued for hours it is not strange that this constant repetition is productive of harm to the operator; the very movements of the feet cause great fatigue, and, when communicated to the pelvis and abdomen, the vibra-

tions induce great prostration of the vital powers and also various local troubles.

The defects, thus noticed, have been obviated in the "Hall treadle," which was exhibited at the meeting of the Society, and which met the approbation of the physicians who examined it. In this the point of oscillation of the foot-piece is obtained below the posterior portion of the os calcis, and so behind the articulation of the ankle. By this arrangement motion is felt mostly at the ankle, less at the knee, and in a much less degree at the coxo-femoral articulation; the pelvis remains unmoved. Moreover, the principal power in all machines is expended at the moment of depressing the toe. In the Hall treadle, where the fulcrum comes behind the ankle, this is effected at the moment when the knee descends; it is therefore assisted by the muscles of extension of the foot and leg, as well as the weight of the limb; in those treadles, however, where the fulcrum is anterior to the joint, the power is partially neutralized by the necessity of using the weaker muscles of flexion, and of raising the limb at the same time. All such constant losses of power have a tendency to increase the labor of using the machine and so injuring the operator.

The Hall treadle is arranged, not with a crank, but with a "pawl and gib" move-The rapidity of the needle is not commensurate with that of the foot, but depends rather on the character of force applied to the treadle; the machine may therefore accomplish 60 or 1200 stitches in a minute, with no increased rapidity of movement by the feet. The two treadles are entirely independent of each other; the machinery may be driven by one foot or by both, together or alternately, by slow or rapid movement; indeed, the feet move quite at will—the most satisfactory method seems to be an alternate staccato motion, one foot remaining quiet, while the other makes the movement.

We have thus mentioned certain features which have attracted our notice in the two methods of gaining foot power, and from a personal experience of the two we are confident that the advantage, physiologically considered, lies strongly on the side of

treadles moving from the heel and by the pawl rather than the crank motion. The following testimony given to Dr. Nichols by a machine operative who has had eight years' experience is interesting as illustrating the comparative effects of the two trea-

dles upon the health :-

"This woman had worked six years with the old crank treadle, and although robust and healthy at the outset, soon began to suffer greatly from fatigue and pains in the limbs and back. Her health gradually failed, till at length she determined to give up all attempts to work longer. At this juncture she was induced to give the Hall treadle a trial. The result of this trial was that, though still very weak, she was ena-bled to work the following year without interruption, ten hours daily, and without any detrimental effect. She states that the fatigue of the old movement was so exces sive, that she always had to stop at the end of every hour, and take a few moments' rest. With the new treadle, so little force is required to drive the wheel, and so great a variety of movement is allowed to the feet, that she is scarcely conscious of putting forth any exertion whatever, and can now complete her day's work without suf-fering any pain, and with comparatively little fatigue, accomplishing in the same time half as much work again as formerly."

The concurrent testimony of all professional operatives is strongly in favor of this ingenious invention, and it would seem, therefore, that this treadle must soon take the place of all others now in use.

LEGAL INJUNCTIONS .- Under the heading of "The New Method of dodging Discipline," the N. Y. Medical Record, in a late number, gives an account of a case before the New York County Medical Society, wherein the accused interrupted the proceedings by an "injunction" from the courts. The session of the Society, thus intruded on, was occupied in considering specifications brought by one member against another, charging him with unprofessional conduct. These charges were presented in accordance with the By-laws of the Society, and the Comitia Minora, to whose consideration they belonged, took the usual cognizance of them and proceeded to the trial in the usual way. When the Comitia Minora was about to make its report, an injunction was

served against such a proceeding by Judge Barnard.*

We refrain from expressing an opinion on the case in question, but take the liberty to copy the closing paragraph of our contemporary:—

"In conclusion, we are forced to say, irrespective of the truth or falsity of the original charges, that the act of obtaining the injunction is under the circumstances simply outrageous, and must on its face force the conviction upon the mind of every unprejudiced person that it is in itself a palpa-

ble evidence of guilt.

"Aside from this, it is a direct and unpardonable insult to a body of high-minded, honorable professional gentlemen, through them to the Society, and through the Society to the profession at large, and as such should be properly resented by punishing the instigator. It may be possible that the Society may remain powerless to inflict the just punishment of expelling the member; it may be possible that when the case comes up for trial Dr. — may be sustained; but up for trial Dr. — may be sustained; but there is a power behind even the court of law, and which no mere legal decision can reach, which no arbitrary ruling can affect, and that is the right of each and every medical man throughout the land of forming his own opinion upon the matter, and of judging for himself of the particular merits of such a case as we are now considering. The question is not one between man and man—as such it would be of little moment to the profession; but it is one of a principle, a principle the violation of which is an attempt to undermine the very foundation of every honorable feeling which, as mem-bers of a noble profession, we have taken such pride in cherishing."

On the Relation existing between Varicella and Variola. By Dr. Fleischmann.—
In connection with notes of a case of varicella, occurring in an unvaccinated child, and followed immediately upon convalescence by variola, Dr. Fleischmann calls attention, in the Annales de la Soc. de Gand, to the relation existing between the two diseases. The recognition of this relation is of great practical importance. The case was as follows:—T. A., aged a year and a half, and not yet vaccinated, was carried to the hospital for children at Vienna, sick

The injunction has since been removed, and the accessed expelled from the Society.

with varicella. Eight days subsequently, he became very restless during the night; the temperature was high and a conjunctivitis appeared. Next morning a true eruption of variola declared itself. The number of pustules was limited; the disease ran a regular course, without complications; its duration was twelve days. At this stage all the pustules were dry. The stage of incubation after exposure was fifteen days. The author had observed a number of similar cases in the same institution. (Published in the Journal für Kinderkrankheiten.)

In 1869, two children died from confluent smallpox after having some time before passed with little trouble the various stages of chickenpox. One of them had been vaccinated, and was pronounced well of the varicella two days before the variolous eruption appeared; the other, unvaccinated, was attacked with smallpox during his stay in the contagious ward.

In 1866, a little girl, who, a year before, had had varicella, and had not been vaccinated, took smallpox.

In 1866, two children, not vaccinated, took smallpox immediately after the desquamative stage of varicella; one of them died. Another such case was seen by Dr. Meyer in 1870.

These facts prove the error into which those fall who believe that varicella is a modified form of smallpox, appearing in persons, and especially in children, who have been vaccinated. The author believes that the case has not yet been seen of a person cured of smallpox who is at once or shortly, renewedly and more intensely attacked with the same disease. Indeed, it has never been possible to produce either varicella or variola by direct inoculation of the lymph of the former on unvaccinated subjects. Such experiments were made by Dr. Wetter (Virchow's Archiv, 1864), and repeated by the author, in both cases without any results. Moreover, Bouchut, Wetter and the author have observed epidemics of varicella without any contemporary smallpox, thus disproving the assumption that varicella is never seen except when there is concomitant variola. (Rilliet and Barthez, vol. iii., 1856.)

Varicella developes itself indiscriminately in vaccinated and unvaccinated subjects when it occurs as an epidemic; revaccinated persons have also not escaped. In one family, the disease first seized a sickly, nursing child, five months old; the mother at the time of labor had been very sick with smallpox, the child entirely escaping.

As a valuable diagnostic sign, Meyer says the eruption of varicella appears before the fever of invasion, while that of variola occurs after the first remission.

In inoculating in varicella, the author always used the clear serum of the vesicles, which generally develope suddenly without the primary papule; they closely resemble the vesicles of herpes zoster.

The fever is always moderate, often insignificant; the disease terminates in the dessication of the vesicles, which never suppurate. The skin, immediately after the fall of the crusts, shows a transient discoloration without cicatrices, unless the vesicles have been scratched.

It is only for this form of varicella that the author admits a specific contagium. The characters of this contagium are as follows:

1. It causes a disease known as varicella, and generally attacks young children.

2. It has nothing in common with smallpox or with vaccination; infection by one disease does not protect against the other. Nor does vaccination protect against varicella; patients who have had chickenpox. and who are unvaccinated, show the same susceptibility to the vaccine virus as other unvaccinated subjects.

3. Inoculation of the lymph of chickenpox on unvaccinated subjects always gives negative results. Therefore patients sick with varicella may take variola as readily

as other persons.

4. Idiopathic epidemics of varicella occur independently of those of smallpox, although they are sometimes coincident.

5. True varicella can never produce variols or its modification; and if certain cases at first view create such an impression, especially if some vesicles are seen with a cloudy or purulent contents, farther observation of the case will reveal the error.

AXILLARY ANEURISM; LIGATION OF THE LEFT SUBCLAVIAN ARTERY; RECOVERY.—By C. C. F. Gay, M.D., Surgeon to the Buffalo General Hospital. The following case is of professional interest from the fact that several surgeons of distinction failed to make a correct diagnosis :-

G. S., aged 26, was wounded six years previously to his entrance into the hospital by the accidental discharge of a pistol, the ball entering the front of the left shoulder. Soon thereafter a small tumor was observa-ble in the axilla. The ball could not be ex-

tracted

At the time he entered the hospital for treatment, the tumor had increased in size until it became as large as a child's head and was located just in front of the axilla upon the walls of the chest. It presented the appearance of a large abscess, pointing and about to burst. It felt soft and fluctuated only at the apex; the remainder of the tumor was hard and unyielding; it

could not be compressed.

The most thorough and prolonged stethoscopic examination did not reveal pulsation or thrill. There was no pulsation in the radial artery at the wrist; the arm was par-tially paralyzed. I introduced the exploring needle through the soft portion of the tumor and obtained a few drops of blood; I afterwards thrust the needle down into the interior of the tumor where no fluid escaped. Then an ordinary trocar was used and carried into the centre of the tumor. A little blood at first escaped, but there was no continued flow, or rather the blood ceased to flow entirely; therefore, the canula was withdrawn. Chloroform was now administered, when I made an incision over the tumor through the integuments, and coming down upon a blue surface, I forbore longer to use the blade of the knife. With the handle I made slight pressure over the point entered by the trocar, when the sac burst and the blood spurted with great force and volume. Whether I did rightly or wrongly, I immediately tore open the sac in the line of my incision, turned out the clot, and thrust my hand up into the axilla, and arrested the hæmorrhage at once.

Stimulants were now administered, the subclavian compressed, and the position taken with my hand was assigned to two assistants. I at once cut down and ligated the left subclavian artery. The two wounds were dressed and the patient put to bed.

On the seventh day secondary hæmorrhage supervened, but was speedily arrested by the house physician, after which there

patient was well in six weeks after the operation; and the paralysis of the arm and forearm gives promise of disappearing, but the pulse at the wrist is still absent.—The American Journal of the Medical Sciences.

SUBCUTANEOUS DIVISION OF THE NECE OF THE FEMUR.—Dr. William Adams, who claims to have made in December, 1869, the first operation on record for subcutaneous division of the neck of the femur for the relief of bony anchylosis, has recently published a paper on the selection of cases for this operation, and mentions the fact (and instances) of four operations of this character having been successfully performed since the above date. Referring to thirtyfour specimens of anchylosis of the coxofemoral articulation to be found in the London Museums, he thinks that this operation would have been admissible in twenty-one of them. He says, "From the facts shown by the specimens above referred to, with regard to the neck of the thigh-bone, it becomes of the greatest practical importance to be able to diagnosticate: 1. The class of cases of bony anchylosis of the hip-joint in which the neck of the thigh-bone remains of its normal length; 2. Those in which the neck of the bone is shortened, but remains of sufficient length to admit of the operation being performed; and 3. Those in which the neck has been so far destroyed as to prevent the operation being performed. There can be no doubt that, in a large proportion of cases, this diagnosis can be made with absolute certainty, and must be based upon the nature of the disease, or morbid conditions producing the anchylosis, viz., whether rheumatic, pyæmic, or traumatic inflammation; or whether it is the result of strumous disease of the joint. Now with reference to these points, the following are the conclusions at which I have arrived :-

"1. In rheumatic anchylosis, no destruction of bone ever exists, and the head and neck of the thigh-bone, therefore, always

remain of their natural size.

"2. In anchylosis after pyæmic inflammation, more especially in its and-acute form, from which the patient freedently re-covers, destruction of bone rarely if ever exists, the soft structure only being destroyed.

"3. In anchylosis after traumatic inflammation in healthy adults, such as that which occurs after wounds of the joints, and gun-shot wounds in the neighborhood was a steady and good convalescence; the of the joints, when the joint itself has escaped injury; and in some cases of anchy-losis, chiefly from long retained position, as a general rule, no destruction of bone occurs, even after acute suppurative inflammation, the soft tissues only being involved.

"4. In anchylosis after strumous disease of the joint, when arrested in the early stage, without the occurrence of suppuration, or, without the occurrence of suppuration, or, at least, of abscess bursting externally, there is generally only a superficial caries of the head of the bone; and the destruction being thus limited in extent, the neck of the thigh-bone remains of its natural length, although practically somewhat shortened by being depressed, or sunk into the acetabulum. In this class of cases, however, the operation can generally be performed.

"5. In anchylosis following the more severe forms of strumous disease, in which there has been evidence of caries or necrosis of bone, with abscess bursting exter-nally, and remaining open a considerable time, generally giving exit to small parti-cles of bone, destruction of the head and neck of the thigh-bone to a greater or less extent may be diagnosticated, and in all such cases the operation cannot be performed.

"Thus it will be seen that out of the five classes of bony anchylosis above described, in three classes the head and neck of the thigh-bone remain of their full, natural proportions. In the fourth class, although some difficulty may occasionally be met with, the operation can generally be per-formed; and it is only in the fifth class of cases that the operation is decidedly negatived."

TREATMENT OF ITCH IN CHILDREN. - Dr. Monti believes that Fröhlich was the first who suggested that itch should be treated with balsam of copaiba. Dr. Monti himself, however, has made many experiments to determine how long the itch insect will live in the balsam, and finds that it proves fatal in from two to three hours. Proceeding on this datum, he has treated twentyseven children suffering from this disease with the balsam, and finds that when it is rubbed into the skin of infants it produces redness and sensation of burning, which disappear in the course of half an hour; and that after a single infriction the itching ceases, and a complete cure, without chance of relapse, occurs in from two to twelve days, without any accompanying disturbance of the urine or digestion. Recovery from Scabies nodosa was very prompt; the bal- snake-bite. - Australian Med. Gazette.

sam appeared to exert no curative influence on the eczematous, whilst this plan of treatment was not appropriate to the pustular form of the affection. In all his cases the child was well washed with soap and water, and rubbed all over twice daily with the balsam. Baths were not necessary. Thus it would appear that the treatment of itch in infants is to be specially recommended, since it quickly effects the end in view, causes no eczema, and is less expensive that the similar method of treatment in which Peruvian balsam is employed. The application of a solution of carbolic acid of the strength of one part in one hundred of water, for the cure of itch, has been recom-mended by Lemaire and Duviviez. Zim-mer washes or bathes children affected with the disease three times a day in a solution containing from five to eight parts of car-bolate of soda in one hundred of water. Dr. Monti has treated twenty-six children with carbolic acid. He applies a watery solution in the form of carbolic acid one or two drachms, water a pint, or an ointment in the form of carbolic acid a drachm, sim-ple ointment four ounces. The treatment again, on the average, lasts from two to four days; or, if eczema be present, twelve days. He has never observed any symptoms of poisoning. This plan produces slight eczems, but causes no pain, is very cheap, and does not require baths.—London Practitions.—With the Product Research titioner, from Wien. Medizinische Presse.

CHEMICAL FOOD .- At a recent meeting of the Académie des Sciences (Chem. News, September 30th, 1870, from Comples Rendus, September 12th, 1870, M. Rabuteau brought to notice a form of food on which, as he has proved by actual experience, a man may live for months, retaining his health and strength, and without other food. It is in the form of a dry powder, and consists of—powdered cocoa, 1000 grammes; sugar, 500 grammes; infusion of tea, 200 grammes; the two infusions having been made as strong as possible, and, before incorporation with the other ingredients, having been evaporated to dryness. When completed, the weight will be 1600 grammes. Of this 150 grammes are to be taken daily, mixed with boiling water, and, in the opinion of the author, it will be found as agreeable as it is life-supporting.—Rich. & Louis. Med. Journal.

Ir is stated that from 75 to 100 British subjects die every twenty-four hours from

Medical Miscellany.

NITRITE OF ANYL.—The attention of gentle-men wishing to use the nitrite of amyl is called to the advertisement of Messrs. T. Metcalf & Co.

PROF. GREENE, OF PORTLAND.—Our neighbors of the State of Maine will be glad to learn of the return to practice of Dr. William Warren Greene. Ill health obliged him to leave home some months ago, and he has spent the intervening time in rest and recreation. We are pleased to hear that he is completely restored to health, and is once more ready for the duties of the profession.

Nervous Fever in Switzerland.—From the time that the French Army of the East passed through Neuchatel, nervous fever has been raging in the village of Travers, where, out of seventy or eighty persons attacked with this epidemic, seventeen have died. It is believed that this temporary insalubrity is entirely attributable to the passage of the numerous French soldiers, who have left in this village, more than elsewhere, the germ of the "typhus of armies"—a malady which follows in the wake of troops, especially during the cold and damp season, and when the houses and other places insufficiently ventilated have been crowded with soldiers and horses.—Med. Times and Gaz. NERVOUS FEVER IN SWITZERLAND .- From the

ICE IN ACUTE RHEUMATISM.—Prof. Esmarch, in a communication to the Berlin Medical Society, related instances of the great benefit which he had related instances of the great benefit which he had derived from the continuous application of ice to joints affected with acute rheumatism. The general temperature becomes lowered, the pain abated, and the course of the discase abbreviated to an extent procurable by no other means. So far from fearing the induction of cerebral affection by repelling the articular inflammation—the phrenopathia rheumatica being here, as in typhus, dependent upon the increased temperature—ice is especially indicated for its prevention or removal.

— 1bid.

PROF. FABER'S TALKING MACHINE.-At the PROF. FABER'S TALKING MACHINE.—At the Jefferson College, on a recent evening, Dr. J. Solis Cohen delivered a lecture on the mechanism of the human voice, illustrating his remarks by an exhibition of the famous talking machine, invented and constructed by Prof. Faber, of Berlin, and which was exhibited in this city thirty years ago. The original inventor was the uncle of the present exhibitor, who has spent several years in improving it and adding sounds which were not previously produced. Dr. Cohen began by describing the anatomy and physiology of the larynx, and the production of the registers of the voice, as seen in the laryngoscope. The construction of the machine was shown to be a close copy of the human organs, moved by levers similar to those of the piano, the bellows or lungs of the machine being exhibitor, who has spent several years in improving it and adding sounds which were not previusly produced. Dr. Cohen began by describing the anatomy and physiology of the larynx, and the production of the registers of the voice, as seen in the laryngoscope. The construction of the machine was shown to be a close copy of the human organs, moved by levers similar to those of the piano, the bellows or lungs of the machine being worked by a pedal. Prof. Faber uses but four worked by a pedal. Prof. Faber uses but four something of the working of the machine was given. It was made to pronounce a large number of proper

names, and to speak sentences in both the Engish and German languages.—Med. and Surgical

THE VIENNA MEDICAL SCHOOL.—About two thousand persons, including between fifty and sixty American physicians, annually attend the lectures of the one hundred professors and assistants of the Vienna Medical School.—New York Medical School. cal Record.

To Correspondents.—Communications accepted : Chronic Inversion of the Uterus.

BOOKS RUCKIVED.—The Transactions of the American Medical Association. Vol. xxii. Philadelphia: 1871. Pp. 393.—Transactions of the Twenty-seventh Annual Meeting of the Ohio State Medical Society, held at Cincinnait, April 4, 5 and 6, 1871. Pp. 387.

PARPHLETS REGEVED.—Can Chloroform be used to facilitate Robbery? By Stephen Rogers, M.D., President of the New York Medico-Legal Society, &c. Pp. 21.—Lessons on Population suggested by Grectin and Roman History. By Nathan Allen, M.D., Lowell, Mass.—Statement of the "Sayre-Ruppaner Case," and Opinion of the Supreme Court of New York. Pp. 38.

MARRIED,—In this city, 28th .ult., Barker B. Kent, M.D., to Miss Helena M. Baker, both of Boston. As Coucord, N. H., 28th ult., Charles B. Shute, M.D., to Miss Ella R. Ewins, both of Malden, Mass.

DIED,—At Maiden, 2d inst., A. D. Dearborn, M.D., 69.—At Salem, 30th uit., Benjamin Cox, M.D., a gradu-ate of Harvard College in the class of 1826.—At Swan-zey, N. H., Dr. Artemas Stebbins, 84.

Deaths in fifteen Cities and Towns of Mas

Cities and No. of Towns. Deaths.	Prevalent Diseases.
Boston 92 Charlestown 8 Worcester 17 Lowell 12 Milford 4 Chelsea 6 Cambridge 20 Salem 18 Springfield 6 Lynn 8	Consumption
Fitchburg	

Boston and Salem each report one death from small-pox. Of the deaths from scarlet fever six occurred in Salem and five in Boston.

GEORGE DERBY, M.D., Secretary of State Board of Health

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